

WASHINGTON COUNTY BOARD OF COMMISSIONERS

HORACE DANIEL
Chairman
LARRY MATHIS
District 1
EDWARD BURTEN, JR.
District 2

P.O. Box 271
Sandersville, GA 31082
Phone 478-552-2325 • Fax 478-552-7424
Email: boc@washingtoncountyga.gov

MELTON JONES
District 3
FRANK SIMMONS, JR.
District 4
DUSTIN PEEBLES
Administrator/Clerk



Dear Applicant:

Thank you for choosing the Washington County Board of Commissioners to help meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

The Washington County Board of Commissioners is committed to providing a safe and comfortable environment for our employees, customers, and community; as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented, and drug-free.

In order to meet these safety and security goals, the Washington County Board of Commissioners, with your written authorization, also conducts a thorough background screening; in addition to drug testing all potential new employees. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

- A Criminal Record Check
- Previous Employers and Education Verification
- Professional License and Credentials Verification (if appropriate)
- Driving Record Check (if your job involves driving a company or private vehicle)
- Employment Credit Report (if appropriate)
- Additional levels of background screening when appropriate

With this in mind, if there are any issues that you feel need to be resolved before you submit your application and are considered for employment, please discuss them with us or return at another time to complete your initial paperwork.

ALSO, PLEASE COMPLETE THE APPLICATION FULLY. BLANK FIELDS WILL NOT BE ACCEPTED.

Again, thank you for considering employment with the Washington County Board of Commissioners.

Effective Date: January 1, 2014

Application For Employment



Washington County Board of Commissioners

119 Jones Street, Sandersville, GA 31082

Phone: 478.552.2325 Fax: 478.552.7424

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department.

Position(s) Applied For: _____ Date of Application: ____ / ____ / ____

Name: _____ Social Security #: ____ - ____ - ____
Last First Middle

Mailing Address: _____
Street or P.O. Box City State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____

Email Address: _____

Referral Source: (Please Check All That Apply)

____ Walk-In _____ Employee
____ Advertisement _____ Other, Explain: _____

If necessary, best time to call you is: ____ : ____ AM/PM

If you are under 18, can you provide a work permit? Yes ____ No ____

Have you ever been employed with us before? Yes ____ No ____

If Yes, give dates: From ____ / ____ / ____ To ____ / ____ / ____

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes ____ No ____

Proof of citizenship or immigration status will be required upon employment

Date available for work: ____ / ____ / ____
What is your desired salary range or hourly rate of pay? \$ _____ per _____

Type of employment desired: Full-Time ____ Part-Time ____
Seasonal ____ Temporary ____

Will you travel if the job requires it? Yes ____ No ____

Will you work overtime if required? Yes ____ No ____
If NO, please explain _____

Driver's license number required if driving may be required in the job for which you are applying:

DL#: _____ State: _____
Is this a commercial driver's license (CDL)? Yes ____ No ____

Have you been convicted of a felony? Yes ____ No ____

If Yes, please explain _____

Employment History

Starting with your most recent employer, please provide the following information:

Employer:	Telephone #: ()	Dates Employed: From: / / To: / /
Starting Job Title/Final Job Title:	Compensation (STARTING) Hourly: Salary: \$ per	
Immediate Supervisor and title:	Compensation (FINAL) Hourly: Salary: \$ per	
May we contact for reference? Yes No		
Reason for Leaving:		
Summarize the type of work performed and job responsibilities:		

Employer:	Telephone #: ()	Dates Employed: From: / / To: / /
Starting Job Title/Final Job Title:	Compensation (STARTING) Hourly: Salary: \$ per	
Immediate Supervisor and title:	Compensation (FINAL) Hourly: Salary: \$ per	
May we contact for reference? Yes No		
Reason for Leaving:		
Summarize the type of work performed and job responsibilities:		

Employer:	Telephone #: ()	Dates Employed: From: / / To: / /
Starting Job Title/Final Job Title:	Compensation (STARTING) Hourly: Salary: \$ per	
Immediate Supervisor and title:	Compensation (FINAL) Hourly: Salary: \$ per	
May we contact for reference? Yes No		
Reason for Leaving:		
Summarize the type of work performed and job responsibilities:		

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes ____ No ____

If YES, please explain. _____

Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Educational Background

Starting with your most recent school attended, provide the following information:

School Name (include city and state)	Years Completed	Level Completed	Course of Study
		Diploma ____ GED ____ Degree ____ Certification ____ Other ____	
		Diploma ____ GED ____ Degree ____ Certification ____ Other ____	
		Diploma ____ GED ____ Degree ____ Certification ____ Other ____	

References

List the name and telephone number of three (3) business/work references that are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	# Years Known

Related Information

List professional, trade, business, or civic activities and offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes _____ No _____ Not Applicable _____

If YES, please explain: _____

Is there any other job-related information you want us to know about you? _____

Do you have relatives (*immediate family) currently employed with Washington County or *immediate family members that are elected officials?

If so, please list the name(s): _____

**Immediate family is defined as spouse, child, grandchild, parent, grandparent, brother, sister, mother-in-law and father-in-law, or any person who resides in the employee's household and who is recognized by law as a dependent of a county employee.*

Applicant's Statement

I certify that all information I have provided are true and complete to the best of my knowledge.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that the employment relationship with this organization means that the Employee may resign at any time and that the Employer may discharge the Employee at any time for cause (violation of rules regulations of Employer; failure to meet the required work standards) deemed sufficient by the Employer.

I also understand that false or misleading information given in my application or interview(s) may result in elimination from further employment consideration or discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

_____/_____/_____
Date:

INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies, and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I understand that this release will be valid for my entire period of employment.

Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box ☐, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.

Print Name: _____
Last First Middle Initial Maiden Name

Address: _____

Date of Birth: _____ Social Security #: _____

(DOB and SSN used only for identification purposes to ensure accuracy of reports)

Driver's License Number #: _____ State: _____

Date: _____ Signature: _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____

Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

____ Previous Employment Verification
____ D.O.T. (Special Screening for Commercial Drivers)
____ Education Verification
____ Professional/Personal References
____ Professional License & Credential Check
____ Official Education Transcripts
____ CRIMINAL RECORD CHECKS (list jurisdictions below)
____ CrimeChexPLUS Multi-State Criminal Index Check
____ List Criminal Record Jurisdictions To Be Checked:

____ Driving Record Check
____ Workers' Compensation*
____ Employment Credit Report*
____ National Address Search &
Social Security # Validation

____ Nationwide Federal Violations Criminal Record Check

NOTE: If you are not using the website to place orders, please include the completed job application (along with a copy of this signed release) in your FAX or Email to LABORCHEX.

***When permitted by state law.**

Signature of Official Authorizing Investigation: _____